3031143741

FEC FORM 1

Only

STATEMENT OF ORGANIZATION

RECEIVED

Example: If typing, type NAME OF (Check if name COMMITTEE (in full) over the lines. is changed) ADDRESS (number and street) (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS (Check if address Blue southnowlyngill- com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE FEC IDENTIFICATION NUMBER > AMENDED (A) IS THIS STATEMENT NEW (N) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toli Free 800-424-9530

Local 202-694-1100

TVDE	OF C	OMMITTEE					
	-	Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
	Section 1997						
(b)	* 41 mil	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand		<u> </u>					
	lidate Affiliatio	Office State Sought: House Senate President District					
(c)	2.0	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of						
Part	v Can	nmittee:					
(d)	 1 . 3 3	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.					
Poli	tical A	ction Committee (PAC):					
(e)	(7)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
		Corporation Corporation w/o Capital Stock Labor Organization					
		Membership Organization Trade Association Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	Υ · · · · · · · · · · · · · · · · · · ·	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbust/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	Iraising Representative:					
(g)	gen Sep	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Com	mittees Participating in Joint Fundraiser					
	Com						
	1.	rec ib number C					
	2.	FEC ID number C					
	3.	FEC ID number C					
	4.						

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Write or Type Committee Na	me	
izlue so	Lalle	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
1NO NG 1 1 1 1		
TYDIME		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:	cted Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
Custodian of Records: ideabooks and records.	dentify by name, address (phone number - optional) and position of the per-	son in possession of committee
Full Name	/RICILE DETALMA	
Mailing Address	19 Chaistine Monad	
	Therray ville	0.6.7.874-
Title or Position	CITY STATE	ZIP CODE
Treasure	Telephone number 2_{10}	3-21-17-13.0.80
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; a	nd the name and address of
Full Name of Treasurer	esie Demalma	
Mailing Address	9 Christine Road	
	CITY STATE	0, 47,84-1111 ZIP CODE
Title or Position		212171222
758050 54	Telephone number	13-1317-13080

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Rlue S	sarth		
Full Name of			
Designated Agent			
Mailing Address			
		1 1 . 1	
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone	number	
	·		
Name of Bank, Depo	or maintains funds. sitory, etc.		
Name of Bank, Depo			
Name of Bank, Depo	ROPLES Whited Bunk		
Name of Bank, Depo	ROPLES Waited Bank	-	
Name of Bank, Depo	BITILISITION CITY	L CT	[O ₁ (4 ₁ 0 ₁ 1 ₁ 0]-[
Name of Bank, Depo	BITILISITION CITY	L CT	[O ₁ (₁ o ₁ 1 o -
Name of Bank, Depo	BITILISITION CITY	L CT	0,6,0,1,0
Name of Bank, Depo	BITILISITION CITY	L CT	0,6,0,1,0
Name of Bank, Depo	BITILISITION CITY	L CT	[O ₁ (4 ₁ 0 ₁ 1 ₁ 0]-[
Name of Bank, Depo	BITILISITION CITY	L CT	0,6,0,1,0

Committee Name:					
Blue South					
If registered, FEC ID:					
Today's Date:					
12/07/2013					

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

Respectfully submitted,

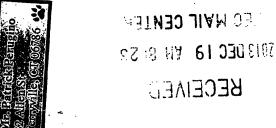
This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Tveasurer's Name:

Valerie Depalma
, Treasurer

HARTFORD CT 061 14 DEC 2013 PM 4 L

Federal Elections Commission 999 C Street N.W. Washington, Toc 20463 PHIGHT-PHILIDD-CONTROLDMING CONTROL



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(8/2013)